



You have
60 days
to Choose a
Health Plan



This New York
Medicaid CHOICE
Guide

Tells
You
How

Choosing A Health Plan

From now on, most Medicaid consumers in the County must join a health plan. Your regular Medicaid benefits stay the same.

What changes is that you choose one health plan for you and your family.

This guide tells you how to choose a health plan, and how it works.

You have 60 days to choose

- When your Medicaid eligibility is approved or recertified, you will have 60 days to choose a health plan.
- You can also choose a health plan, even before your case is opened or recertified.
- If you already have a health plan, you can stay in it or choose another one.
- To join, fill out and sign the enclosed enrollment form. Just hand it in or mail it back at no cost to you.
- Send the completed form back with your choice, or New York Medicaid CHOICE will choose a plan for you.

Start now

Look through this guide for answers to any of your questions. If you need additional help or if you want to have a private, face-to-face session speak with a New York Medicaid CHOICE counselor, or call us at:

**New York Medicaid CHOICE
HelpLine:**

1-888-566-9799

**For people with hearing
problems (TTY/TDD):**

1-888-329-1541

You may call Monday through Friday, 8:30 a.m. to 8:00 p.m. and Saturdays, 10:00 a.m. to 6:00 p.m.

This call is free. Anything you say will be confidential.

Some Medicaid consumers are not required to join a health plan for special reasons. To see if any of these special reasons apply to you, turn to page 12 of this guide.

In This Guide...

How to Choose a Health Plan

P A G E 2

How Health Plans Work

P A G E 6

Health Plan Services

P A G E 8

Problem Solving

P A G E 10

Who Is Not Required
to Join a Health Plan

P A G E 12

How to choose a Health Plan



Think About the Doctors You Want

After you join a plan, you must choose a doctor who works with the plan. ■ If you want to keep the doctors you see now, ask them what health plans they work with.

■ If you don't have a regular doctor, you can choose one when you join a plan. ■ To learn which health plans have a doctor near your home, or one who can serve you in your language, you may call the health plan directly.

Or call the New York Medicaid CHOICE HelpLine. A list of health plans serving your area is enclosed.



Be Smart— Use the Plan List

- Health plans are not all the same. To learn more about each health plan, read the enclosed list that shows the different plans available to you, the hospitals they work with, and whether the plan offers transportation, dental care and family planning.
- After you join a plan, you must use the hospitals, clinics and doctors that work with the plan.
- Call the New York Medicaid CHOICE HelpLine to see what doctors work with your plan.

Get Ready to Join

- Choose one health plan and the doctors for you and your family.
- Call the doctors, to make sure they are in the plan you want and are taking new patients.
- Fill out and sign the enrollment form. Just hand it in or mail it in the enclosed envelope. No stamp is needed.

Think About the Services Your Family Needs

- Everyone in your family must join the same plan, in most cases. So look for the health plans that have health care providers, clinics, and hospitals that meet your family's needs.
- You should confirm that the doctors you choose work with the hospitals you want.



How to Choose a Health Plan

Enrollment Counselors are available on site at your local Social Services office to help you make a choice. You can also call us at 888-566-9799 for help in selecting a health plan.

What Will Happen Next?

- After you choose your plan, New York Medicaid CHOICE will send you a letter to confirm the plan you chose and the date that you can begin using your health plan.
- Your new health plan will send you a welcome letter, a member handbook, and an ID card. If you need care before your ID arrives, use the plan's welcome letter to show that you are a member.

Keep Both Your Medicaid Card and Your Health Plan ID Card

- You will need to use your Medicaid card to get pharmacy services and other services which may not be covered by your health plan, such as family planning or dental care.

Make Sure the Plan you Picked is Right for You!

To see if your new health plan meets your needs, you should:

- Call the health plan right away. The phone number to the Member Services Department is on your health plan card.
- Ask the people in the health plan's Member Services Department any questions that you have about the plan and its services.
- Choose a Primary Care Provider (PCP) and visit him or her as soon as you can. If you choose a new PCP, your first visit is very important. You will know if the PCP's office is easy for you to reach. And the PCP can answer any questions about your future care.





When You Choose a Health Plan and You're Not Satisfied, You Have 90 Days to Change Plans

- Your first few weeks in a new health plan are like a trial period. You have 90 days to decide if that health plan will meet your family's needs. You can change health plans at any time during the 90-day period.
- To change health plans, call the New York Medicaid CHOICE HelpLine at 1-888-566-9799.

What Happens After 90 Days?

- After the 90-day trial period, you must stay with your new health plan for the next 9 months.
- You can only switch plans after the 90-day trial period if you have a special reason to do so.
- One example of a special reason is when you have moved and your health plan does not offer services near your home.



To Change
Health Plans, Call the
New York HelpLine
1-888-566-9799

How Health Plans Work



You Have a Regular Doctor

When you join a health plan, you choose one doctor to work as your regular health care provider. Some plans let you choose a nurse practitioner as your regular provider. This person is your Primary Care Provider (PCP).

Your family members can each have a PCP who works with the plan you join.

You can reach your PCP's office or health plan 24 hours a day, 7 days a week.

You Can Get Regular Checkups

- Your Primary Care Provider will give you regular checkups to help prevent problems from starting or getting worse. Visit your PCP soon after you join a plan.
- Your children will have regular checkups as babies, small children, teenagers and young adults.
- You will get health care during pregnancy to keep you and your baby healthy.
- With regular health care, you will have better health and miss less school or work.

If you become ill at night or on the weekend, your doctor or health plan can help you get the care you need.



You Can See Specialists

Your PCP will give you a referral (permission) when you need to see a specialist.

Your PCP will also talk to the specialist about your health problems.

If you see a specialist often, you can ask your plan to have your specialist work as your PCP, or get a standing referral to visit him or her.

You Do Not Need a Referral for Some Specialists

You do not need a referral for preventive services or for pregnancy care from your OB-GYN.

You do not need a referral to see another provider in your plan for your first visits for mental health or alcohol abuse services.

You do not need a referral for family planning services.

In Most Cases, You'll Have Guaranteed Eligibility

This means that you are promised the services your health plan covers along with pharmacy and family planning services, six months after you join, even if you no longer qualify for Medicaid.

You Can Learn How to Stay Healthy

Most plans offer special health education programs, such as How to Quit Smoking or How to Lose Weight. These programs can help you stay healthy.



Health Plans' Services



Medicaid Benefits

When you join a health plan, you keep the same Medicaid benefits. Most Medicaid Health Benefits are included in services provided by the health plans. Among these services offered by the plans are:

- Regular checkups and shots
- Visits to the doctor when you are sick
- Care during pregnancy
- Hospital care, lab tests, X-rays
- Referrals to specialists, when you need them
- Short-term home health care
- Emergency care
- Transportation assistance
- Mental health services
- Many other Medicaid services, such as eye care, medical equipment and HIV testing and counseling
- Preventive services

Remember to keep your Medicaid card on hand. Use it at the drugstore to get medicine, or for family planning and other services not covered by your plan.

About Your Dental Care...

Look at the Health Plan list to see which plans offer dental care. If a plan offers dental care, you must go to a dentist in the plan. If the plan does not offer dental care, you may go to any dentist who takes Medicaid.

Using the Emergency Room

Go to the Emergency Room only when there is a real emergency. Do not use it for routine care. Your PCP can treat problems that are not emergencies.

Some examples of medical emergencies are:

- Passing out
- Convulsions (fits or spasms)
- Poisoning or drug overdose
- Broken bones
- Bad burns
- A lot of pain
- Bleeding that will not stop
- Head or eye injuries
- Trouble breathing
- Miscarriage
- Heart attack
- High Fever
- Chest pains
- Rape
- Any other serious problem

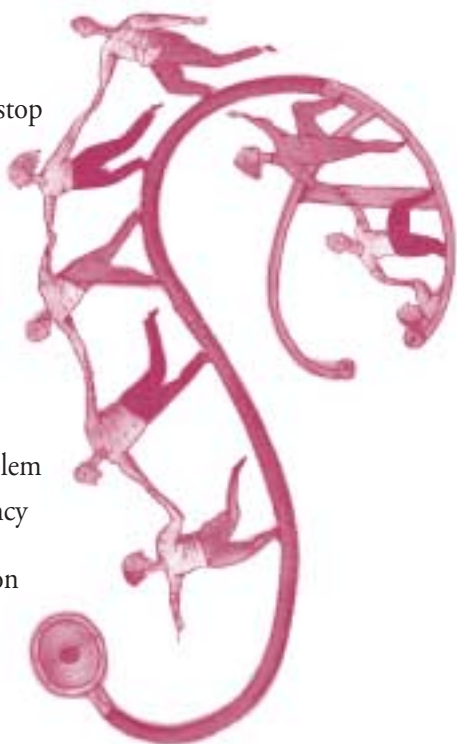
If you go to the emergency room, make sure your health plan knows as soon as possible.

Family Planning Services

Most health plans offer family planning services. Every member of every plan can go to any Medicaid provider for family planning. You do not need a referral from your PCP for family planning.

Here is a list of family planning services:

- Birth control pills, condoms, diaphragms, IUDs, Depo Provera, Norplant and foam
- Emergency contraception
- Pregnancy testing and counseling
- Sterilization
- Sexually transmitted disease testing and treatment.
- HIV testing and counseling, when it is part of a family planning visit.
- Abortions that you and your doctor agree you need.



Problem Solving



Use Your Plan's Member Services Department

Each plan has a Member Services Department to:

- Tell you about the plan.
- Send you a member handbook.
- Invite you to an orientation session to learn about the plan, or tell you about it over the phone.
- Send you a member ID card with the plan's phone number on it and the name of your primary care provider.
- Help you choose a primary care provider (PCP).
- Answer questions and solve problems.



If You Have a Problem with Your Health Plan...

You can do any of the following:

- Call the plan's Member Services Department and tell them your problem. Often they can help. The number is on your plan card.
- Call the New York Medicaid CHOICE HelpLine (1-888-566-9799).
- Change Plans. Please see page 5 of this guide or call the New York Medicaid CHOICE HelpLine.
- Ask for a fair hearing if your plan has denied, stopped, or reduced covered services you think you should get. Call the Suffolk County Managed Care Unit at (631) 854-5812 to find out more about fair hearings.
- Call the State Department of Health Complaint Line, Monday through Friday, 8:30 a.m. to 4:30 p.m., at 1-800-206-8125 if you have a problem with your health services.

If You Have a Problem with Your Primary Care Provider (PCP)

Talk to your provider about the problem first. If that doesn't work out, you can:

- Call your plan's Member Services Department to talk about the problem.
- Or you can ask to change providers. The phone number to call is on your health plan card.

Know Your Rights In a Health Plan

You have the right to:

- Choose the health plan that is right for you and your family.
- Have all information about your health care kept confidential.
- Know how the plan works, and what services it offers.
- Choose a PCP who will give you regular checkups and keep track of all of your health care.
- An appointment within 48 to 72 hours if you are sick and within 24 hours if you need care right away.
- If you do not need care right away, a checkup within 12 weeks of joining the plan.
- A second opinion about certain medical conditions from another provider in your plan.
- Change your primary care provider.
- Go to the emergency room for emergency care.
- Be treated with dignity and respect.
- Complain to the health plan, State Department of Health, Suffolk County Department of Social Services, or to New York Medicaid CHOICE.

Who is not Required to Join a Health Plan

Some People Don't Have to Join

Some Medicaid consumers do not have to join a health plan. They are “**exempt**”. This means that they get permission to stay in regular Medicaid.



Here is a list of persons who are exempt and do not have to join:

- People with HIV infection.
- People in long-term alcohol or drug residential programs.
- Pregnant women who are getting prenatal care from a provider who is not in any plan.
- People who live in facilities for the mentally retarded and people with similar needs.
- Some developmentally disabled people or physically disabled children who get care at home or in their community through waiver programs, and those who have the same needs.

*To ask to become exempt, speak to a **New York Medicaid CHOICE** counselor or call the **HelpLine** and ask for an exemption form. Anything you say to a counselor is confidential.*

Health Plans and HIV

- People living with HIV may join a health plan, or keep the health care they have now. They may also join an HIV Special Needs Plan.
- An HIV Special Needs Plan (HIV SNP) is a special managed care plan for people living with HIV/AIDS and their children up to age 19, whether or not they have HIV or AIDS. HIV SNP providers have special training to treat people with HIV. If you want to know more about HIV SNPs please call 1-888-566-9799.
- If you have HIV and want to join a health plan or an HIV SNP, you can keep seeing your doctor only if he or she is in the plan you join. Ask your doctors what plans they are in.
- To keep the health care you have now, you must apply for an exemption. To apply for an exemption please call 1-888-566-9799.

For more information on HIV, call 1-800-732-9503, Monday through Friday, 9:00 a.m. to 5:00 p.m.

- People with long-term health problems being treated by a specialist who is not in any plan.
- Adults who have serious mental illness and children who have serious emotional problems.
- People who cannot find providers in any plan who can serve them in their primary language.
- People who live where a provider is not accessible.
- People with Supplemental Security Income (SSI) or Medicaid-only Supplemental Security Income (MA-SSI).
- People temporarily living outside of the county.
- People scheduled for major surgery in the next 30 days whose provider is not in a health plan.
- People with end-stage renal disease.
- People who are homeless.
- Native Americans.
(see page 14)



Speak to a **New York Medicaid CHOICE** Counselor or call the **HelpLine** for more information about exemptions and how to apply for an exemption.

Who is not Required to Join a Health Plan

Health Plans and Native Americans

Native Americans may join a health plan or keep the health care they have now. If you are a Native American and you join a health plan, you can still go to your tribal health center for care. You can also go to your health plan doctor. If you have been seeing a Medicaid doctor that is not part of a health plan, and who is not working in a tribal center, you will not be able to keep seeing that doctor if you join a plan. If you want to keep seeing that doctor ask for an exemption so you won't have to join a health plan.

**To get an exemption,
you must have one of
the following:**

- Bureau of Indian Affairs, Tribal Health, Resolution, Long House or Canadian Department of Indian Affairs Identification cards.

- Documentation of roll or band number, documentation of parents' or grandparents' roll or band number, together with birth certificate(s) or baptismal record indicating descent from the parent or grandparent.
- Notarized letter from a federal or state recognized American Indian/Alaska Native/Tribe Village Office stating heritage or a birth certificate indicating heritage.

*Call the New York Medicaid
CHOICE HelpLine
(1-888-566-9799) for more
information or to request an
Exemption Form. Anything you
say to a counselor is confidential.*



*Speak to a New York
Medicaid CHOICE Counselor
or call the **HelpLine** if you
think you are excluded from
joining a health plan.*

Some People Must Stay with Regular Medicaid

Some Medicaid consumers are not allowed to join a health plan. This means they are “**excluded**” from joining a health plan and must stay with regular Medicaid.

Medicaid consumers who cannot join a health plan are:

- People in nursing homes, hospices, or long term health care programs and demonstration programs.
- Children or adults in state psychiatric or residential treatment facilities.
- People who live in Family Care Homes licensed by the Office of Mental Health.
- People who will get Medicaid for less than 6 months except for pregnant women.
- People who are on Medicaid only after they spend some of their own money for medical needs (spenddown cases).
- Foster care children.

- People with other health insurance.
- Babies under six months who can get Supplemental Security Income. (SSI)
- Infants living with their mothers in jail or prison.
- People in the Recipient Restriction Program.
- People eligible for both Medicaid and Medicare.
- Blind or disabled children living apart from parents for 30 days or more.
- People eligible for TB services only.

If you become excluded for managed care after you join a health plan, you must disenroll from the health plan.

You Have the Right to a Fair Hearing...

If you request an exemption or exclusion, and do not get it, you have a right to request a fair hearing. For more information about fair hearings, call the Suffolk County Managed Care Unit at (631) 854-5812.

Notes

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For Questions, Problems, or Complaints

Call the New York Medicaid CHOICE HelpLine:

1-888-566-9799

Or you may also call: The New York State
Department of Health Complaint Line:

1-800-206-8125

You may call to complain about your medical care, your health plan, or about New York Medicaid CHOICE.

New York Medicaid CHOICE HelpLine: 1-888-566-9799

Për të kërkuar ndihmë, telefononi në numrin e mësipërm
Albanian

للحصول على مساعده يرجى الاتصال بالرقم الوارد أعلاه.
Arabic

সহায়তার জন্য উপরে দেওয়া নম্বরে ফোন করুন
Bengali

致電上列號碼獲得協助。
Chinese

Pour obtenir de l'aide, appeler le numéro ci-dessus
French

Rele nimewo ki ekri anlè a, si-w bezwen yo ede-w.
Haitian Creole

לקבלת עזרה, צלצל למספר המופיע לעיל
Hebrew

मद के लिए ऊपर दिये गये नम्बर पर टेलीफोन कीजिये ।
Hindi

Per assistenza chiamare il numero suindicato.
Italian

도움이 필요하시면 상기 번호로 전화하십시오
Korean

ໂທລະສັບ ຕາມເລກຫມາຍຂ້າງເທິງນີ້ ຖ້າຕ້ອງການຄວາມຊ່ວຍເຫຼືອ
Laotian

Prosimy dzwonić na powyższy numer, aby uzyskać pomoc
Polish

За помощью обращайтесь по телефону, обозначенному выше.
Russian

Si necesita asistencia, llame el número arriba.
Spanish

Upang matulungan namin kayo,
tawagang lamang ang numeron nakalista sa itaas.
Tagalog

خدمات کے لئے مندرجہ بالا نمبر پر فون کریں
Urdu

Xin gọi số điện thoại ghi trên để được trợ giúp
Vietnamese

פֿאַר מער אינפֿארמאַציע, זינט אַזוי גוט און קלינגט אויף דעם טעלעפֿאָן
נומער אָנגעוויזן אויבן.
Yiddish


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